

EMPLOYEE EXPENSE REIMBURSEMENT

EMPLOYEE NAME _____ POSITION _____
 EMPLOYEE ADDRESS _____

MILEAGE				
DATE	BEGINNING ODOMETER	ENDING ODOMETER	TOTAL MILEAGE	PURPOSE OF TRIP
TOTAL *			*	

RATE = _____ CODE _____

LODGING, MEALS, REGISTRATION FEES, TOLLS, ETC.			
DATE	PLACE	AMOUNT	PURPOSE OF TRIP
TOTAL **		**	

CODE _____

I certify that the total expenses of \$ _____
 SUBTOTAL _____ claimed is correct.
 ADVANCES _____